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C. April Boling, CPA  
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MISC

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# Late Contribution Report

Type or print in ink.  
Amounts may be rounded to whole dollars.

LATE CONTRIBUTION REPORT

NAME OF FILER SD Co. Republican Central Committee - State Acct		Date of This Filing 02/02/2008	Date Stamp <b>RECEIVED AND FILED</b> in the office of the Secretary of State of the State of California FEB 02 2008 <b>DEBRA BOWEN</b> Secretary of State	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER (619) 667-7650	I.D. NUMBER (if applicable) 741949	Report No. LCR-80201		
STREET ADDRESS		<input type="checkbox"/> Amendment to Report No. (explain below)		
CITY San Diego	STATE CA	ZIP CODE 92119		
		No. of Pages 2		

## Late Contribution(s) Received

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
02/01/2008 	CA Botana International  San Diego CA 92121 ID: Ref:	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		5000.00
	ID:	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		
	ID:	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		

### \*Contributor Codes

IND - Individual  
COM - Recipient Committee (other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

Reason for Amendment: \_\_\_\_\_

## Late Contribution Report

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Amounts may be rounded to whole dollars.

LATE CONTRIBUTION REPORT

NAME OF FILER SD Co. Republican Central Committee - State Acct		Date of This Filing _____	<b>RECEIVED AND FILED</b> in the office of the Secretary of State of the State of California <b>DEBRA BOWEN</b> Secretary of State 2/2	<b>CALIFORNIA FORM 497</b> For Official Use Only
AREA CODE/PHONE NUMBER	I.D. NUMBER (if applicable) 741949	Report No. _____		
STREET ADDRESS		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY	STATE	ZIP CODE	No. of Pages _____	

## Late Contribution(s) Made

DATE MADE	FULL NAME, MAILING ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION	AMOUNT OF CONTRIBUTION	DATE OF ELECTION (IF APPLICABLE)
1	ID:	Ballot: Dist:		
1	ID:	Ballot: Dist:		
1	ID:	Ballot: Dist:		
1	ID:	Ballot: Dist:		

Reason for Amendment: \_\_\_\_\_

CP

MSC

## Late Contribution Report

Type or print in ink.  
Amounts may be rounded to whole dollars.

LATE CONTRIBUTION REPORT

NAME OF FILER Contra Costa Republican Party			Date of This Filing 02/02/2008	Date Stamp <b>RECEIVED AND FILED</b> in the office of the Secretary of State State of California FEB 02 2008	CALIFORNIA FORM 497
AREA CODE/PHONE NUMBER (925) 930-9551	I.D. NUMBER (if applicable) 1268794		Report No. 20080202-7055475	For Official Use Only	
STREET ADDRESS			<input type="checkbox"/> Amendment to Report No. (explain below)	DEBRA BOWEN Secretary of State	
CITY Walnut Creek	STATE CA	ZIP CODE 94596-5218	No. of Pages 1		

## Late Contribution(s) Received

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
02/01/2008 	California Republican Party  Burbank CA 91506-1727 ID: 810163	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		2000.00
	ID:	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		
	ID:	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		

## \*Contributor Codes

IND - Individual	PTY - Political Party
COM - Recipient Committee (other than PTY or SCC)	SCC - Small Contributor Committee
OTH - Other	

Reason for Amendment: \_\_\_\_\_

 Date Stamp FPPC Form 497(June/01)  
 FPPC Toll-Free Helpline: 866/ASK-FPPC

# Late Contribution Report

MSC

LATE CONTRIBUTION REPORT

NAME OF FILER Democratic State Central Committee of California		Date of This Filing 02/02/2008	Date Stamp R	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER (916) 442-5707	I.D. NUMBER (if applicable) 741666	Report No. LC-442	RECEIVED AND FILED in the office of the Secretary of State of the State of California FEB 02 2008 DEBRA BOWEN Secretary of State	
STREET ADDRESS		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY Sacramento	STATE CA	ZIP CODE 95814	No. of Pages 1	

## Late Contribution(s) Received

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
02/01/2008	CA Professional Firefighters P.A.C. Sacramento, CA 95833 I.D. Number: 744058	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1,000.00 #2008-0018 <input type="checkbox"/> Check if Loan
	(MEMO) non-monetary contribution	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<input type="checkbox"/> Check if Loan
02/01/2008	CA State Council of Laborers Legislative Dept General Account Sacramento, CA 95814	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		25,000.00 #2008-0017 <input type="checkbox"/> Check if Loan

### \* Contributor Codes

IND - Individual

COM - Recipient Committee (other than PTY or SCC)

OTH - Other

PTY - Political Party

SCC - Small Contributor Committee

Reason for Amendment: \_\_\_\_\_

☒ Secretary of State

☐ FEC

☒ Los Angeles County

☒ SF City & County

☐ Sacramento County

☐ City of Sacramento

☐ Alameda County

☐ Fresno County

☐ Merced County

☐ Monterey County

☐ San Joaquin County

☐ Santa Barbara County

☐ Santa Clara County

☐ Santa Cruz County

☐ Sclano County

☐ Yolo County

If Other Than Above Please List: \_\_\_\_\_

FPPC Form 497 (January/05)

FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)